

**BUREAU OF HOME AND COMMUNITY SERVICES  
ALABAMA DEPARTMENT OF PUBLIC HEALTH**

**Program Evaluation Record**

To help us meet your educational needs, we ask that you complete this evaluation form. Thank you for your attendance and cooperation.

**PROGRAM TITLE: "Caring for a Patient with Heart Disease"  
March 10, 2010**

**Date Viewed** \_\_\_\_\_ (If you did not attend the live satellite)

**NAME:** \_\_\_\_\_ **AGENCY/COUNTY:** \_\_\_\_\_

**FACULTY:** Maria Huck, Michelle Crumbley, Tracy Edwards

<b>LEGEND:</b> 5 - Outstanding   4 - Above average   3 - Average   2 - Below average   1 - Unacceptable
--

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Maria Huck	5	4	3	2	1
Michelle Crumbley	5	4	3	2	1
Tracy Edwards	5	4	3	2	1
Provided content relative to the session objectives:	5	4	3	2	1
Effectively used teaching methods & learning aids:	5	4	3	2	1
Provided information pertinent to my job duties:	5	4	3	2	1
Enabled me to better perform my job duties:	5	4	3	2	1

What new knowledge did this in-service provide?

List areas you think need improvement.

What additional topics would you recommend for future programs?

**NEW ADDRESS!**  
**PLEASE SEND EVALUATION FORMS BY HAND MAIL TO**  
**BUREAU OF HOME & COMMUNITY SERVICES**  
**ENTERPRISE OFFICE**  
**Attn: BECKY LEAVINS**  
**2841 Neal Metcalf Rd.**  
**Enterprise, Al 36330**

**PLEASE DO NOT SEND YOUR SIGN-IN SHEETS!**